Set	Items	Description
S1	126870	CERVIX
S2	305067	CERVICAL
S3	1056984	CARCINOMA
S4	374007	S1 OR S2
S5	63311	S3(S)S4
S6	2341269	ANTIBODY OR ANTIBODIES
S7	1279767	STAIN?
S8	90345	SMEAR? ?
S9	1841903	DIAGNOSE OR DIAGNOSTIC
S10	3340494	PATTERN? ?
S11	3116780	S7 OR S8 OR S9
S12	3777	S5 AND S6 AND S11
S13	1622	S5(S)S6(S)S7
S14	50131	S9(S)S10
S15	398	S13(S)S14
S16	77	S15 NOT PY>1996
S17	77	RD (unique items)
S18	58811	S4(5N)S3
S19	3198	S18(S)S6
S20	22377	S18/TI
S21	758	S20 AND S19
S22	592	S21 NOT PY>1996
S23	300	RD (unique items)
S24	1599	ECACC
S25	888	EUROPEAN(W)COLLECTION(2N)ANIMAL(W)CELL(W)CULTURES
S26	1	95020718
S27	2	95020716
S28	2	95020720
S29	1	95020717
S30	2	95020719
S31	1872	S24 OR S25
S32	1	S31 AND S26
S33	2	S31 AND S27
S34	0	S33 NOT PY>1996
S35	2	S28 AND S31
S36	1	S29 AND S31
S37	2	S30 AND S31

?

09/230,955

	Hits	L #	Search Text	DBs	Time Stamp
1	1155	L1	436/63.ccls.	USPAT	2000/09/22 13:39
2	431	L2	436/64.ccls.	USPAT	2000/09/22 13:39
3	617	L3	530/388.1.ccls.	USPAT	2000/09/22 13:40
4	393	L4	530/388.8.ccls.	USPAT	2000/09/22 13:40
5	2314	L5	1 or 2 or 3 or 4	USPAT	2000/09/22 13:40
6	3156	L6	cervix	USPAT	2000/09/22 13:40
7	8559	L7	cervical	USPAT	2000/09/22 13:40
8	316477	L8	cell	USPAT	2000/09/22 13:42
9	10248	L9	6 or 7	USPAT	2000/09/22 13:43
10	3202	L11	9 same 8	USPAT	2000/09/22 13:44
11	238	L12	11 and 5	USPAT	2000/09/22 13:44
12	9667	L13	neoplas$3	USPAT	2000/09/22 13:44
13	13250	L14	carcinoma	USPAT	2000/09/22 13:44
14	892	L15	dysplasia	USPAT	2000/09/22 13:44
15	13195	L16	malignan$2	USPAT	2000/09/22 13:45
16	24611	L17	13 or 14 or 15 or 16	USPAT	2000/09/22 13:45
17	213	L18	12 and 17	USPAT	2000/09/22 13:45

1/9/6 (Item 6 from file: 226)
DIALOG(R)File 226:TRADEMARKSCAN(R)-US FED

03783841

TEXAS RED

INTL CLASS: 2 (Paints)
U.S. CLASS: 6 (Chemicals & Chemical Compositions)
STATUS: Registered; Section 8 & 15 - Accepted & Acknowledged
GOODS/SERVICES: FLUORESCENT CHEMICAL DYES
SERIAL NO.: 73-783,841
REG. NO.: 1,560,353
REGISTERED: October 17, 1989
FIRST USE: March 15, 1981 (Intl Class 2)
FIRST COMMERCE: March 15, 1981 (Intl Class 2)
FILED: March 1, 1989
PUBLISHED: July 25, 1989
AFFIDAVIT SEC.: 8-15; June 27, 1995
ORIGINAL APPLICANT: MOLECULAR PROBES, INC. (Oregon Corporation), P.O. BOX 22010, EUGENE, OR (Oregon), 97402, USA (United States of America)
OWNER AT PUBLICATION: MOLECULAR PROBES, INC. (Oregon Corporation), P.O. BOX 22010, EUGENE, OR (Oregon), 97402, USA (United States of America)
ORIGINAL REGISTRANT: MOLECULAR PROBES, INC. (Oregon Corporation), P.O. BOX 22010, EUGENE, OR (Oregon), 97402, USA (United States of America)
DISCLAIMS: "RED"
FILING CORRESPONDENT: ALLEGRA J. HEFENSTEIN, ALLEGRA J. HELFENSTEIN, MOLECULAR PROBES, INC., 4849 PITCHFORD AVENUE, EUGENE, OR 97402-9165

Set	Items	Description
S1	428205	CYTOLOGY
S2	2570	PAPANICOLAOU
S3	577008	INFECTION? ?
S4	223406	REVIEW
S5	376815	ABNORMAL?
S6	10	S2 AND S3 AND S4 AND S5
S7	32610	HERPES
S8	11	S2 AND S5 AND S7
S9	0	S8 NOT S7
S10	11	S8 NOT S6
S11	61	S2 AND S5 AND S4
S12	61	S11 NOT (S8 OR S10)

17/3,AB/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

08797911 BIOSIS NO.: 199395087262
Production and characterization of monoclonal antibody, C536, reactive with human squamous cell carcinoma of the uterine cervix.
AUTHOR: Hwang In Soo; Song Seung Kyu
AUTHOR ADDRESS: Dep. Obstetrics Gynecology, Catholic Univ. Med. Coll., Seoul**North Korea
1992
JOURNAL: Journal of Catholic Medical College 45 (4):p1321-1334 1992
ISSN: 0368-7015
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Korean; Non-English
SUMMARY LANGUAGE: Korean; English

ABSTRACT: Murine monoclonal **antibodies** were produced by fusion of spleen cells obtained from mice immunized with CUMC-6, a human cell line of squamous Cell **carcinoma** derived from uterine **cervix** , and P3- times 63 - Ag8 myeloma cells. We obtained 51 hybridomas secreting specific monoclonal **antibodies** to **cervical carcinoma** antigen continuously. Among them, one hybridoma designated C536 that was highly reactive with **cervical carcinoma** was selected, and examined on the **staining pattern** and the reactivity with antigenic determinants of **cervical carcinoma** . The results were as follows: Immunohistochemical **staining** revealed that C536 nonoclonal **antibody** reacted with frozen tissue sections of **cervical carcinoma** tissues (90% **diagnostic** accuracy rate), but not with ovarian, and endometrial carcinomas. The isotype and subclass of C536 monoclanal **antibody** was IgG2b in hemagglutination assay. Sodium dodecyl sulfate polyacrylamide gel electrophoretic (SDS-PAGE) analysis of C536 monoclonal **antibody** immunoprecipitates of extracts of L-(35s) methionine-labeled human **cervical carcinoma** cells (HeLa, CUMC-6) showed a major band in apparent molecular weight, 51,000 daltons. All these data are in favor of the use of C536 monoclonal **antibody** as an useful immunodiagnostic tool for **cervical carcinoma** .

17/3,AB/2 (Item 1 from file: 653)
DIALOG(R)File 653:US Patents Fulltext

01831340
Utility
IN-SITU HYBRIDIZATION TO DETECT NUCLEIC ACID SEQUENCES IN MORPHOLOGICALLY INTACT CELLS
[CONTACTING WITH NON-HOMOPOLYMER LABELLED PROBE OF NUCLEIC ACID FRAGMENTS]

PATENT NO.: 4,888,278
ISSUED: December 19, 1989 (19891219)
INVENTOR(s): Singer, Robert H., Shrewsbury, MA (Massachusettes), US (United States of America)
Lawrence, Jeanne B., Mapleville, RI (Rhode Island), US (United States of America)
ASSIGNEE(s): University of Massachusetts Medical Center, (A U.S. Company or Corporation), Worcester, MA (Massachusettes), US (United States of America)
[Assignee Code(s): 22237]
APPL. NO.: 7-257,198

FILED: October 13, 1988 (19881013)

This is a continuation of co-pending application Ser. No. 06-790,107 filed on Oct. 22, 1985 now abandoned.

FULL TEXT: 1640 lines

ABSTRACT

Improved methodologies for in-situ hybridization and detection of hybridized nucleic acid sequences in cell cultures and tissue sections are provided which offer an increase of speed, sensitivity, and simplicity unavailable in previously known techniques. The invention detects specific nucleic acids of interest, particularly RNA sequences, within cells and tissues utilizing DNA of a particular size as a probe to find those sequences which are held substantially in common between the cell or tissue and the probe. The cells are fixed preferably in paraformaldehyde and then hybridized using a hybridization fluid for not less than 10 minutes but not substantially more than 24 hours. A variety of identifying labels are attached to the probe which permit quick and rapid detection via measurement of radioactive isotope decay or by colorimetric detection of enzymatic reaction products. The invention is intended for use as a diagnostic kit in clinical/diagnostic laboratory testing facilities in that it permits a relatively unskilled person to accurately and reproducibly detect a few molecules of a specific nucleic acid of interest in-situ in 10 minutes.

17/3,AB/8 (Item 7 from file: 653)
DIALOG(R)File 653:US Patents Fulltext

01754147
Utility
MURINE HYBRIDOMA AND DIAGNOSTIC ANTIBODY PRODUCED THEREBY [MONOCLONAL ANTIBODIES AND CLONES]

PATENT NO.: 4,816,402
ISSUED: March 28, 1989 (19890328)
INVENTOR(s): Rosen, Steven T., Chicago, IL (Illinois), US (United States of America)
Radosevich, James A., Chicago, IL (Illinois), US (United States of America)
Ma, Yixing, Chicago, IL (Illinois), US (United States of America)
ASSIGNEE(s): Northwestern University, (A U.S. Company or Corporation), Evanston, IL (Illinois), US (United States of America) [Assignee Code(s): 60920]
EXTRA INFO: Expired, effective April 2, 1997 (19970402), recorded in O.G. of June 10, 1997 (19970610)
APPL. NO.: 6-816,709
FILED: January 07, 1986 (19860107)
This invention was made in the course of research supported by the Veterans Administration (Merit Review Award Number 005-114-42-5054).

FULL TEXT: 741 lines

ABSTRACT

Hybridoma HB 8986 produces a murine monoclonal antibody which recognizes a new determinant expressed in bronchopulmonary carcinomas and A549 cell line derived tumors. Immunoperoxidase staining with the hybridoma on formalin fixed, paraffin embedded tissues shows that it specifically stains both the cytoplasmic and cell surface. The monoclonal antibody has the ability to distinguish preferably bronchopulmonary carcinomas with glandular differentiation from other bronchopulmonary carcinomas. Additionally, the monoclonal antibody may identify adenocarcinomas through the body.

17/3,AB/14 (Item 3 from file: 654)
DIALOG(R)File 654:US Pat.Full.

02603548

Utility
ANTI-ERBB-2 ANTIBODIES, COMBINATIONS THEREOF, AND THERAPEUTIC AND DIAGNOSTIC USES THEREOF
[Polypeptide receptor binding assay; antitumor agents]

PATENT NO.: 5,587,458
ISSUED: December 24, 1996 (19961224)
INVENTOR(s): King, C. Richter, Washington, DC (District of Columbia), US (United States of America)
Kasprzyk, Philip G., Washington, DC (District of Columbia), US (United States of America)
Bird, Robert E., Rockville, MD (Maryland), US (United States of America)
ASSIGNEE(s): Aronex Pharmaceuticals, Inc, (A U.S. Company or Corporation), The Woodlands, TX (Texas), US (United States of America) [Assignee Code(s): 40029]
APPL. NO.: 8-61,092
FILED: May 14, 1993 (19930514)

The subject application is a continuation-in-part of U.S. Pat. Ser. No. 07-906,555, pending, filed on Jun. 30, 1992, which is itself a continuation-in-part of U.S. Pat. Ser. No. 07-772,270, filed on Oct. 7, 1991, abandoned. These applications are incorporated by reference in their entirety herein.

FULL TEXT: 1620 lines

ABSTRACT

The present invention relates to novel antibodies, in particular monoclonal and single chain antibodies derived therefrom which specifically bind to erbB-2, as well as diagnostic and therapeutic uses thereof. The present invention also relates to a combination of at least two erbB-2 specific antibodies which are capable of preventing and treating human malignancies wherein the malignant cells overexpress gp185 sup erbB-2. The monoclonal antibodies of the combination preferably recognize different epitopes of the gp185 expression product of erbB-2, therefore, the antibodies do not cross react with each other. Preferably, the combination will provide for synergistic decrease in the expression of the erbB-2 gene product.

17/3,AB/29 (Item 18 from file: 654)

02479516

Utility
TUMOR ASSOCIATED MONOCLONAL ANTIBODIES
[Contacting human tissue with a human monoclonal antibody or antigen binding fragment; detection; identification of tumor cells]

PATENT NO.: 5,474,755
ISSUED: December 12, 1995 (19951212)
INVENTOR(s): Hanna, Jr. Michael G., Frederick, MD (Maryland), US (United States of America)
Haspel, Martin V., Seneca, MD (Maryland), US (United States of America)
Hoover, Jr. Herbert C., Hingham, MA (Massachusettes), US (United States of America)
Dembinsky, Marie E., Frederick, MD (Maryland), US (United States of America)
Kobrin, Barry J., Silver Spring, MD (Maryland), US (United States of America)
ASSIGNEE(s): Akzo Nobel NV, (A Non-U.S. Company or Corporation), Arnhem, NL (Netherlands)
[Assignee Code(s): 33913]
EXTRA INFO: Assignment transaction [Reassigned], recorded November 12, 1996 (19961112)
Assignment transaction [Reassigned], recorded August 25, 1998 (19980825)
APPL. NO.: 8-449,613
FILED: May 24, 1995 (19950524)

This is a continuation of U.S. Ser. No. 08-192,089, filed Feb. 2, 1994, now abandoned, which is a continuation-in-part of U.S. Ser. No. 08-065,517, filed May 21, 1993, abandoned, which is a continuation of U.S. Ser. No. 07-636,179, filed Dec. 31, 1990, abandoned, which is a continuation-in-part of U.S. Ser. No. 07-302,155, filed Jan. 25, 1989, now U.S. Pat. No. 5,106,738, which is a continuation-in-part of U.S. Ser. No. 06-697,078, filed Jan. 31, 1985, now U.S. Pat. No. 4,828,991, which is a continuation-in-part of U.S. Ser. No. 06-575,533, filed Jan. 31, 1984, now abandoned.

FULL TEXT: 1140 lines

ABSTRACT

This invention relates to monoclonal antibody 88BV59 produced by B-cell lines derived from B-cells of cancer patients actively immunized with autologous tumor antigen. These monoclonal antibodies can be used in both diagnostic procedures and therapy for human cancers.

17/3,AB/35 (Item 24 from file: 654)

02434157

Utility
TUMOR-SPECIFIC, CELL SURFACE-BINDING MONOCLONAL ANTIBODIES
[Antitumor]

PATENT NO.: 5,434,076
ISSUED: July 18, 1995 (19950718)
INVENTOR(s): Freedman, Ralph S., Houston, TX (Texas), US (United States of America)
Ioannides, Constantin G., Houston, TX (Texas), US (United States of America)
Tomasovic, Barbara J., Kingwood, TX (Texas), US (United States of America)
Patenia, Rebecca S., Sugar Land, TX (Texas), US (United States of America)
ASSIGNEE(s): Board of Regents, The University of Texas System, (A U.S. Company or Corporation), Austin, TX (Texas), US (United States of America)
[Assignee Code(s): 83960]
APPL. NO.: 7-862,768
FILED: June 18, 1992 (19920618)
PCT: PCT-US90-07496 (WO 90US7496)
Section 371 Date: August 21, 1992 (19920821)
Section 102(e) Date: August 21, 1992 (19920821)
Filing Date: December 18, 1990 (19901218)
Publication Number: WO91-09135 (WO 919135)
Publication Date: June 27, 1991 (19910627)

This application is the national stage application of PCT U.S. Pat. No. 90-07496, which is a CIP of U.S. application 07-452,733, (now abandoned), filed Dec. 18, 1989.

FULL TEXT: 1890 lines

ABSTRACT

Disclosed is a process for the preparation and use of gynecological tumor diagnostic and antitumor reagents. The process involves the pre-treatment of a patient with a viral oncolysate and the establishment of stable B cell human hybridomas capable of producing human monoclonal antibodies reactive with cell surface epitopes of human gynecological tumors. At least one such surface epitope is described as is the association constant of the antibody for certain gynecological tumor cells. Also disclosed are methods for utilizing the monoclonal antibodies of the invention in diagnoses and treatment of gynecological malignancies. In addition, two particularly useful gynecological hybridoma lines are disclosed which were derived from the process of the invention.

17/3,AB/70 (Item 59 from file: 654)
DIALOG(R)File 654:US Pat.Full.

01987478

Utility
METHODS AND COMPOSITIONS FOR THE IDENTIFICATION OF METASTATIC HUMAN TUMORS
[Isolated purified human antigen and antibodies to it; anticarcinogenic agents; antitumor agents]

PATENT NO.: 5,030,559
ISSUED: July 09, 1991 (19910709)
INVENTOR(s): Nicolson, Garth L., Kingwood, TX (Texas), US (United States of America)
North, Susan M., Houston, TX (Texas), US (United States of

America)
Steck, Peter A., Houston, TX (Texas), US (United States of America)
ASSIGNEE(s): Board of Regents, The University of Texas System, (A U.S. Company or Corporation), Austin, TX (Texas), US (United States of America)
[Assignee Code(s): 83960]
EXTRA INFO: Expired, effective July 9, 1999 (19990709), recorded in O.G. of September 7, 1999 (19990907)
APPL. NO.: 6-846,938
FILED: April 01, 1986 (19860401)

FULL TEXT: 1847 lines

ABSTRACT

Disclosed are monoclonal antibodies which react with human tumor cells, particularly metastatic human tumor cells, but not with normal human tissues tested. The monoclonal antibodies are prepared against a 580 kilodalton glycoprotein antigen, designated gp580, which is isolated from either rat or human tumor cells. Methods for isolating the glycoprotein antigen are disclosed as well. Moreover, techniques are disclosed for utilizing these antibodies both in the detection and in the prevention of human tumor lesions.

17/3,AB/77 (Item 66 from file: 654)
DIALOG(R)File 654:US Pat.Full.

01848989
Utility
HYBRIDOMA ANTIBODY (FH6) DEFINING A HUMAN CANCER-ASSOCIATED DIFUCOGANGLIOSIDE
[MEDICAL DIAGNOSIS]

PATENT NO.: 4,904,596
ISSUED: February 27, 1990 (19900227)
INVENTOR(s): Hakomori, Sen-itiroh, Mercer Island, WA (Washington), US (United States of America)
ASSIGNEE(s): Fred Hutchinson Cancer Research Center, (A U.S. Company or Corporation), Seattle, WA (Washington), US (United States of America)
[Assignee Code(s): 14990]
APPL. NO.: 6-763,546
FILED: August 07, 1985 (19850807)

This invention was made partly with Government support under Grants CA20026 and GM23100 from the National Institutes of Health. The Government has certain rights in this invention.

FULL TEXT: 829 lines

ABSTRACT

A hybridoma cell line (ATCC No. HB 8873) secreting a monoclonal IgM antibody (FH6) directed to a fucoganglioside, 6B, which accumulates in human colonic adenocarcinoma but is absent in normal colonic mucosa. The structure of the 6B ganglioside to which the antibody FH6 is directed is as

follows: [See structure in original document] The hybridoma secreting the antibody FH6 was selected by reactivity of the FH6 antibody with the 6B ganglioside (VI sup 3 NeuAcV sup 3 III sup 3 Fuc sub 2 nLc sub 6) and lack of reactivity with other glycolipids, including glycolipids having closely related structures, such as sialosyllactoneotetraosylceramide (IV sup 3 NeuAcnLc sub 4), sialosyllactofucopentaosy(III)ceramide (IV sup 3 NeuAcIII sup 3 FucnLc sub 4), sialosyllactofucopentaosy(II)ceramide (sialosyl-Le sup a glycolipid; IV sup 3 NeuAcIII sup 4 FucLc sub 4), and 6C fucoganglioside (sialosyl 2 forward arrow 6 fucoganglioside; VI sup 6 NeuAcIII sup 3 FucnLc sub 6). The antibody FH6 is highly reactive with a large variety of human cancer cells, including colonic, lung, and breast cancer, but does not react with most normal adult cels (except, notably, granulocytes). The antibody FH6 is of practical value in diagnostic tests and in monitoring and implementing various cancer treatments.
?

23/3,AB/7 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08708391 96190898
Expression of epidermal growth factor receptor in carcinoma **of the** cervix.
Kim JW; Kim YT; Kim DK; Song CH; Lee JW
Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Korea.
Gynecologic oncology (UNITED STATES) Feb 1996, 60 (2) p283-7, ISSN 0090-8258 Journal Code: FXC
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Increased expression of the epidermal growth factor receptor (EGFR) gene has been shown in a large number of tumors, generally indicating a more aggressive biological behavior of cancers than those with low or normal expression. The role of EGFR in the tumorigenesis of the uterine cervix has been poorly understood and controversial. In order to explore the relationship between EGFR status and **cervical carcinoma** , tissues were analyzed from 40 patients, each of whom had invasive **cervical carcinoma** prior to treatment, 20 patients with cervical intraepithelial neoplasia (CIN) and 10 control cases who underwent hysterectomy due to benign gynecological disease at Yonsei University College of Medicine. We measured EGFR with an enzyme-linked immunosorbent assay which was a sandwich type using a mouse monoclonal capture **antibody** and a rabbit antiserum as detector. Patients with invasive cervical cancer were found to have significantly higher median EGFR expression than either the patients with CIN ($P = 0.002$) or the control ($P = 0.001$), respectively. However, there was no significant difference in EGFR status between CIN and the control groups. Overexpression of EGFR was found in 29 of 40 (72.5%) invasive cervical cancers and in 5 of 20 (25%) CIN patients. In invasive cervical cancer, no significant difference in EGFR levels was noted when stratified according to age, menopausal status, histological cell type, or clinical stage. With regard to tumor size, lesions of 4 cm and larger had significantly higher receptor levels than those lesions under 4 cm ($P = 0.003$). Even though quantitative EGFR status did not correlate with other prognostic parameters except tumor size, our results were consistent with the concept that EGFR may play an important role in malignant transformation and tumorigenesis in cervical cancer.

23/3,AB/8 (Item 8 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08708390 96190896
The 72-kDa metalloproteinase immunostaining in cervical carcinoma: **relationship with lymph nodal involvement.**
Garzetti GG; Ciavattini A; Lucarini G; Goteri G; Romanini C; Biagini G
Institute of Obstetrics and Gynecology, Ancona University, Italy.
Gynecologic oncology (UNITED STATES) Feb 1996, 60 (2) p271-6, ISSN 0090-8258 Journal Code: FXC
Languages: ENGLISH
Document type: JOURNAL ARTICLE
OBJECTIVE: In the present study we detected 72-kDa metalloproteinase expression in our series of early stage cervical carcinomas and analyzed the relationship between 72-kDa metalloproteinase staining and risk of nodal involvement with the goal of identifying a parameter useful in predicting the metastatic potential of lesions. MATERIALS AND METHODS: The medical records of 34 patients with FIGO stage I squamous cell **cervical**

carcinoma who had undergone primary radical surgery with systematic pelvic and para-aortic lymphadenectomy (Piver's type III) at the Institute of Gynecologic and Obstetrics, Ancona University, between January 1988 and January 1993 were recruited from our series of 57 consecutive cases and reviewed. Any characteristic that could be relevant for prognosis was recorded in all of the cases: histologic grade of differentiation, tumor size, lymphatic spread, and adjuvant radiotherapy. Immunohistochemical staining was performed on serial sections of tumors using the avidin-biotin complex technique (Vector Laboratories, Burlingame, CA). The affinity-purified rabbit anti-72-kDa metalloproteinase **antibody** was used. Positive staining was expressed as a percentage of positive cells per 10(3) counted neoplastic cells (the 72-kDa metalloproteinase index). RESULTS: The tissue 72-kDa metalloproteinase immunoreactivity was diffusely expressed in all cervical carcinomas (ranging from 8.6 to 51.9%, with a median of 17.8%) and showed a significant relationship with respect to lymphatic spread. In the presence of lymph nodal involvement, the 72-kDa metalloproteinase index was significantly higher than in the absence of nodal metastasis (32.9 +/- 12.2% versus 18.1 +/- 9.0%, means +/- standard deviations with P = 0.001); a significant relationship was also observed between the 72-kDa metalloproteinase index and the number of positive nodes (r = 0.8, with P = 0.01). No significant relationship was defined with respect to the other prognostic parameters. The Cox proportional hazard analysis showed a significant relationship between the 72-kDa metalloproteinase index and disease-free survival (P < 0.0001) that was independent of tumor size, nodal involvement, and lymphvascular space invasion. CONCLUSIONS: Although the small numbers do not allow any definitive conclusion, a significant relationship between the 72-kDa metalloproteinase index and the risk of lymphatic spread is defined in early stage **cervical carcinoma** . The 72-kDa metalloproteinase immunostaining seems to have a prognostic value, suggesting the possibility of an association between neoplastic aggressiveness and 72-kDa metalloproteinase expression.

23/3,AB/11 (Item 11 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08667296 94130242
c-erbB-2 Oncoprotein expression is associated with poor prognosis in squamous cell carcinoma **of the** cervix.
Oka K; Nakano T; Arai T
Section of Clinical Laboratory, National Institute of Radiological Sciences Hospital, Chiba, Japan.
Cancer (UNITED STATES) Feb 1 1994, 73 (3) p664-71, ISSN 0008-543X Journal Code: CLZ
Languages: ENGLISH
Document type: JOURNAL ARTICLE
BACKGROUND. A polyclonal antihuman c-erbB-2 oncoprotein antibody recognized c-erbB-2 oncoprotein in routinely formaldehyde-fixed, paraffin-embedded specimens. METHODS. Specimens taken from 192 patients with Stage III squamous cell **carcinoma** of the **cervix** treated with radiation therapy alone were investigated for c-erbB-2 oncoprotein expression using an immunohistochemical method. RESULTS. Cancer cells that were positive for c-erbB-2 oncoprotein showed a surface membrane staining pattern. Of the 192 patients, 143 were negative for c-erbB-2 oncoprotein, 12 were weakly positive or ambiguous, 31 were positive, and 6 were strongly positive. The 5-year survival rate of the 155 patients who tested c-erbB-2 negative or weakly positive was significantly better than that of the 37 patients whose results were positive or strongly positive (61% versus 41%, P = 0.022). CONCLUSION. c-erbB-2 Oncoprotein expression in cancer cells may imply a poor prognosis for patients with Stage III squamous cell **carcinoma**

of the **cervix** treated with radiation therapy alone.

23/3,AB/12 (Item 12 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08650425 96233983
Evaluation of the prognostic significance of nm23/NDP kinase protein expression in cervical carcinoma: **an immunohistochemical study.**
Kristensen GB; Holm R; Abeler VM; Trope CG
Department of Gynecologic Oncology, The Norwegian Radium Hospital, Oslo, Norway.
Gynecologic oncology (UNITED STATES) Jun 1996, 61 (3) p378-83, ISSN 0090-8258 Journal Code: FXC
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The objective of this study was to evaluate the prognostic significance of immunohistochemical staining for nm23/nucleoside diphosphate (NDP) kinase in **cervical carcinoma** . A retrospective analysis of 176 patients with **cervical carcinoma** FIGO stage IB treated with radical hysterectomy and pelvic lymphadenectomy from 1987 to 1990 was conducted. Immunohistochemical staining using the polyclonal nm23-H1/NDP kinase A **antibody** was correlated to various histopathological and morphological characteristics (tumor size, histologic type, grade of differentiation, vessel invasion, invasion into parametria, and lymph node metastasis) and relapse-free survival. For controls, sections were obtained from 10 hysterectomy specimens with normal cervical epithelium. Staining for nm23/NDP kinase was observed in 90% of control cases and in 70.5% of cases of **cervical carcinoma** , more frequent in squamous and adenosquamous cell carcinoma than in adenocarcinoma and more frequent in poorly differentiated than in more highly differentiated tumors. There were no differences related to size of tumor or invasion into vessels or parametria or occurrence of lymph node metastasis. The relapse-free survival was lower for patients with squamous cell and adenosquamous tumors with positive immunostaining for nm23/NDP kinase than for those with negative tumors when evaluated in univariate analysis. In multivariate analysis with tumor size, vessel invasion, invasion into parametria, grade of differentiation, and lymph node metastasis included, this difference was no longer significant. In patients with adenocarcinoma no difference was found. In conclusion, we did not find immunostaining for nm23/NDP kinase to be a useful indicator for prognosis in cancer of the uterine cervix.

23/3,AB/15 (Item 15 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08560620 96435481
Expression of proliferation-associated antigens in cervical carcinoma **: correlations among indexes.**
Oka K; Nakano T; Arai T
Pathology, Mito Saiseikai General Hospital, Japan.
Pathology, research and practice (GERMANY) Oct 1995, 191 (10) p997-1003, ISSN 0344-0338 Journal Code: PBZ
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Monoclonal antibodies recognizing proliferation-associated antigens can be employed in formalin-fixed, paraffin-embedded sections. The MIB1, PC10, 19A2, cytoplasmic p105 indexes, and mitotic index in hematoxylin and eosin stained preparations represent the growth, S-phase and mitotic fractions,

respectively. The specimens consecutively taken from 194 patients with stage III **cervical carcinoma** were investigated immunohistochemically. Cancer cells that were positive for MIB1, PC10 and 19A2 showed a nuclear staining pattern. Mitotic cancer cells were strongly positive for p105 in their cytoplasm and also showed chromosomal p105 positivity. The mean indexes for MIB1, PC10, 19A2 and cytoplasmic p105 and the mitotic index in hematoxylin and eosin preparations were 43% (range, 18-74%), 26% (5-60%), 15% (0-60%), 2% (0-11%) and 0.6% (0-6.3%), respectively. The linear regression analysis showed only a very weak or no correlations between the MIB1, PC10, 19A2 and cytoplasmic p105 indexes among the patients (linear regression correlation coefficient r = 0.10 to 0.32). We conclude that (1) the MIB1 growth fraction, PC10 or 19A2 S-phase fraction, and the mitotic fraction show wide variations among patients with **cervical carcinoma** and (2) the PC10 or 19A2-positive S-phase fraction and the mitotic fraction of **cervical carcinoma** should not be used instead of the MIB1 growth fraction as equivalent to cycling cancer cell population.

23/3,AB/16 (Item 16 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08552038 96120963
Expression of the proto-oncogene bcl-2 in uterine cervical **squamous cell** carcinoma: **its relationship to clinical outcome.**
Uehara T; Kuwashima Y; Izumo T; Kishi K; Shiromizu K; Matsuzawa M
Department of Pathology, Saitama Cancer Center, Japan.
European journal of gynaecological oncology (ITALY) 1995, 16 (6) p453-60, ISSN 0392-2936 Journal Code: ENA
Languages: ENGLISH
Document type: JOURNAL ARTICLE
We studied bcl-2 expression in patients with uterine **cervical** squamous cell **carcinoma** and correlated this phenomenon with survival. Immunohistochemical analysis with a monoclonal **antibody** specific for bcl-2 was used to detect the protein in tumor samples from 259 patients undergoing surgery for squamous cell **carcinoma** of the uterine **cervix**. Of the total, 67% (174) of the tumors were bcl-2 negative, and 33% (85) were positive. No significant difference in survival at five years was noted between patients with negative (78%) and positive (82%) tumors. However, when bcl-2 positive tumors were divided into partially stained (62 of 85, 73%), and diffusely stained (23 of 85, 27%) groups, the patients with partial staining had a better prognosis than those with diffused or negative ($p < 0.01$), staining ($p < 0.05$) (5 year survivals, respectively; 92%, 61%, and 78%). Though detection of bcl-2 positivity may itself not have clinical value for uterine **cervical** squamous cell **carcinoma**, the staining characters may add to predicting prognosis.

23/3,AB/22 (Item 22 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08350908 95355601
Antibodies to human papillomavirus type 16 E7 related to clinicopathological data in patients with cervical carcinoma.
Baay MF; Duk JM; Burger MP; Walboomers J; ter Schegget J; Groenier KH; de Bruijn HW; Stolz E; Herbrink P
Department of Dermatovenereology, Erasmus University, Rotterdam, The Netherlands.
Journal of clinical pathology (ENGLAND) May 1995, 48 (5) p410-4, ISSN 0021-9746 Journal Code: HT3

Languages: ENGLISH
Document type: JOURNAL ARTICLE
AIMS--To investigate the correlation between antibodies to the transforming protein E7 of human papillomavirus (HPV) type 16 and clinicopathological indices in women with **cervical** squamous **carcinoma** . METHODS--A synthetic peptide of the HPV type 16 E7 protein (amino acids 6 to 35) was used to screen sera from 29 children, 130 women with cervical intraepithelial neoplasia, 443 women with cervical cancer, and 222 controls, for **antibodies** against this viral antigen. Bivariate and multivariate analyses were used to investigate the correlation between the serological status in the pretreatment sera and clinicopathological indices (size of the lesions, histological grade, stomal infiltration, vascular invasion, and nodal spread). Survival analysis was done using the Cox regression model for all FIGO stages and stages IB and ILA. RESULTS-- **Cervical carcinoma** patients had a significantly higher prevalence of **antibodies** to synthetic peptide E7/6-35 than women with cervical intraepithelial neoplasia (17.7% v 7%, $p < 0.005$) or controls (17.7% v 11%, $p < 0.05$). Bivariate analysis of the data on the presence of anti-E7/6-35 **antibodies** in the pretreatment sera from these patients and clinicopathological indices showed a significant correlation between the presence of anti-E7/6-35 **antibodies** and the size of the lesion ($p = 0.0009$), histological grade ($p = 0.0031$), and lymph node metastasis ($p = 0.01$). 0.011). In addition, the Cox regression model, analysing four risk factors which can be determined before treatment, showed a significant correlation between the presence of anti-E7/6-35 **antibodies** and a worse prognosis ($p = 0.003$). Survival analysis revealed that both for all FIGO stages ($p = 0.0005$) and for stages IB and IIA alone ($p = 0.0021$), anti-E7/6-35 positive patients before treatment had a significantly shorter life expectancy. CONCLUSIONS--The presence of **antibodies** against E7/6-35 in pretreatment sera from patients with **cervical carcinoma** correlates with the size of the lesions, lymph node involvement, and a worse prognosis.

23/3,AB/33 (Item 33 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

07857188 93378933
Overexpression of p53 protein and c-erbB-2 protein in small cell carcinoma of the cervix **uteri.**
Holm R; Abeler VM; Skomedal H; Nesland JM
Department of Pathology, Norwegian Radium Hospital, Oslo.
Zentralblatt fur Pathologie (GERMANY) Jun 1993, 139 (2) p153-6, ISSN 0863-4106 Journal Code: AZ3
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Twenty-eight primary small cell carcinomas of the cervix uteri were examined immunohistochemically for overexpression of p53 protein and c-erbB-2 protein. Twenty-one per cent of the cases showed positive immunostaining for p53 protein, whereas no staining was observed using the antibody against c-erbB-2. Our results indicate that altered expression of p53 protein may be involved in the development of small cell **carcinoma** of the **cervix** uteri.

23/3,AB/34 (Item 34 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

07849910 93210202

Prognostic value of epidermal growth factor receptor expression in cervical carcinoma.

Hale RJ; Buckley CH; Gullick WJ; Fox H; Williams J; Wilcox FL
Department of Reproductive Pathology, St Mary's Hospital, Manchester.

Journal of clinical pathology (ENGLAND) Feb 1993, 46 (2) p149-53, ISSN 0021-9746 Journal Code: HT3
Languages: ENGLISH
Document type: JOURNAL ARTICLE

AIMS: To investigate the pattern of epidermal growth factor receptor expression and its prognostic value in the three main types of **cervical carcinoma** . METHODS: 62 cases of stage IB/IIA **cervical carcinoma** , all with a minimum of five years of follow up, were studied. Representative sections were stained for mucin to permit accurate tumour typing and a standard avidin-biotin immunoperoxidase technique using the polyclonal **antibody** 12E was used to demonstrate the presence of epidermal growth factor receptor. RESULTS: A proportion of all three tumour types expressed epidermal growth factor receptor, it being most common in squamous cell carcinomas (50%). Overall, there was a correlation between epidermal growth factor expression and mortality. This was particularly obvious in the absence of lymph node metastases. When the individual tumour types were considered this association with prognosis was not demonstrable for squamous cell carcinomas or adenocarcinomas but was a very prominent feature of adenosquamous carcinomas. CONCLUSIONS: Immunohistochemical demonstration of epidermal growth factor receptor expression may be useful in identifying those patients with a poor prognosis, particularly those with adenosquamous carcinomas which have not metastasised to the regional lymph nodes.

23/3,AB/37 (Item 37 from file: 155)

07778320 93167343

Expression of keratins 1, 6, 15, 16, and 20 in normal cervical epithelium, squamous metaplasia, cervical **intraepithelial neoplasia, and** cervical carcinoma.

Smedts F; Ramaekers F; Leube RE; Keijser K; Link M; Vooijs P
Department of Pathology, Diagnostic Centre S.S.D.Z. Delft, The Netherlands.

American journal of pathology (UNITED STATES) Feb 1993, 142 (2) p403-12, ISSN 0002-9440 Journal Code: 3RS
Languages: ENGLISH
Document type: JOURNAL ARTICLE

Expression of keratins 1, 6, 15, 16, and 20 was examined in normal cervical epithelia, squamous metaplasia, various grades of cervical intraepithelial neoplasia, and both squamous cell carcinomas and adenocarcinomas of the cervix with monospecific antibodies. Ectocervical epithelium contains all of these keratins except keratin 20. They show a heterogeneous distribution, with a basally restricted detection of keratin 15. Endocervical columnar cells were found to contain significant amounts of keratin 16, whereas the subcolumnar reserve cells expressed considerable amounts of keratin 15 and 16, and frequently keratin 6. These reserve cell keratins were also found in immature and mature squamous metaplastic epithelium. In the cervical intraepithelial neoplastic lesions they were generally found with increasing intensity as the severity of the lesion progressed. In the keratinizing variety of squamous cell **carcinoma** of the **cervix** , these three keratins seem to constitute an important part of the intermediate filament cytoskeleton, whereas in nonkeratinizing squamous cell carcinoma, they occur to a much lesser extent. Surprisingly, these keratins were also occasionally found in adenocarcinomas. From these data

immunized mouse were fused with mouse myeloma cell line P3U1. The resulting hybridoma was cultivated in HAT medium and cultures with supernatant not reacting with pZipE6.7 were cloned by limiting dilution to give a single cell clone, INS-2. (11pp)

23/3,AB/276 (Item 19 from file: 357)
DIALOG(R)File 357:Derwent Biotechnology Abs

0038712 DBA Accession No.: 85-09501 PATENT
New monoclonal antibody and hybridoma- for recognition of human uterus ovary or cervix carcinoma
PATENT ASSIGNEE: Sloan-Kettering-Inst. 1985
PATENT NUMBER: EP 145949 PATENT DATE: 850626 WPI ACCESSION NO.: 85-154090 (8526)
PRIORITY APPLIC. NO.: US 562465 APPLIC. DATE: 831216
NATIONAL APPLIC. NO.: EP 84113630 APPLIC. DATE: 841112
LANGUAGE: English
ABSTRACT: Monoclonal antibodies MF116, MH94, MD144, MH55, MF61, ME46 and ME195 are new. They recognize human uterus, ovary or cervix malignant cells. Hybridoma cell lines producing the monoclonal antibodies are deposited as ATCC HB 8411, 8413, 8409, 8412, 8410, 8430 and 8431 for the respective antibodies. The hybridomas are obtained by the usual Koehler-Milstein technique involving fusion of a mammal cell line and spleen cells from a mammal immunized human uterine, **cervical** or ovarian **carcinoma** cell lines. Typically, the myeloma cell line is NS31 and a suitable uterine call line is SK-UT-1, while the ovary carcinoma cell line is selected from SK-OV-3, SW626 and SW2774. The hybridomas are cultured for production of the monoclonal **antibodies** . The monoclonal **antibodies** are useful in the diagnosis and therapy of ovarian, uterine and cervical cancers. They are also useful for tissue-typing on contact with human tissues or cells. They recognize shed human cell antigens with good specificity. (41pp)
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